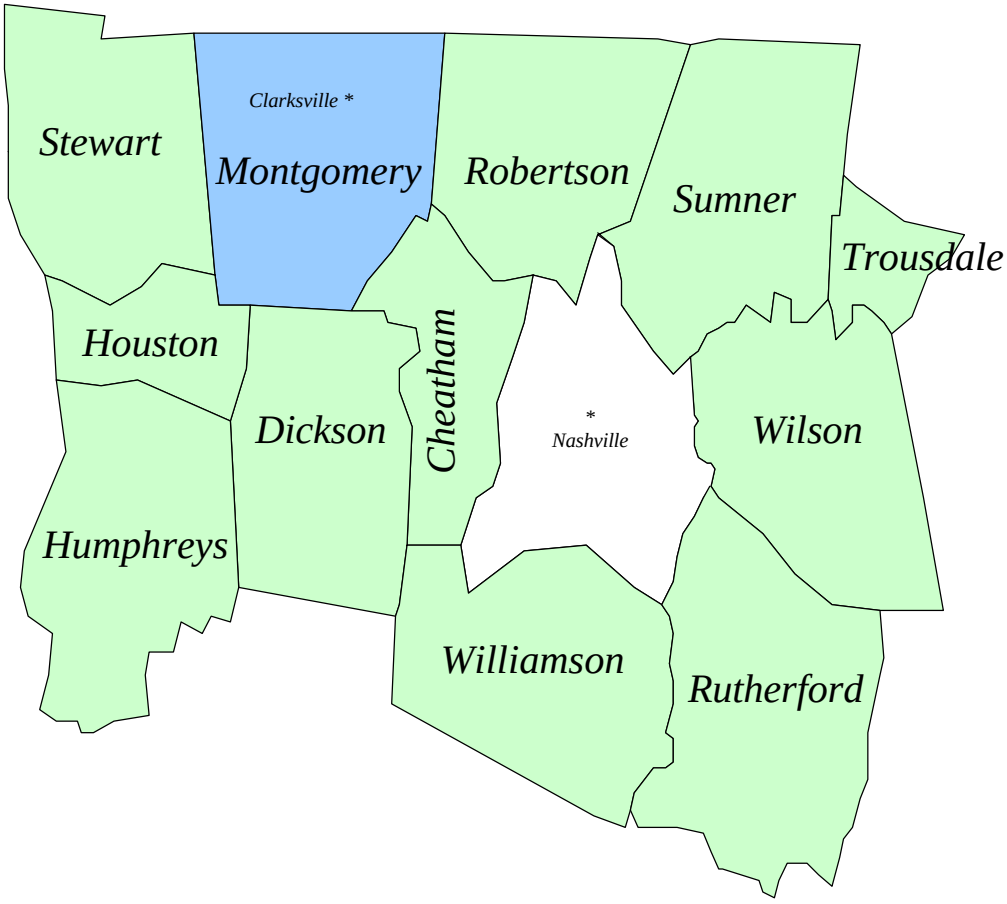
Community Diagnosis Status Report



Montgomery County

Tennessee Department Of Health
Mid-Cumberland Region
August 1998

Introduction

Mission

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- Analyze the health status of the community
- Evaluate the health resources, services, and systems of care within the community
- Assess attitudes toward community health services and issues
- Identify priorities, establish goals, and determine a coarse of action to improve the health status of the community
- Establish a baseline for measuring improvement over time

The Community Diagnosis Process

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is "a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community." Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community "buy-in." Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based "Community Diagnosis" process should prompt the county health council to ask: Where is the community now? Where does it want to go? How will it get there? It is evident that the community diagnosis process and its outcomes should, at a minimum:

- Provide justification for budget improvement requests submitted to the State Legislature
- Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level
- Serve health planning and advocacy needs at the community level (Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed)

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the community diagnosis process. This document will explain the community diagnosis process and outcomes for Montgomery County. We also hope to give a historical perspective and details of the Council and its formation.

History

The Montgomery County Health Council was developed after a meeting between representatives from the Tennessee Department of Health, the Montgomery County Executive, and the Mayor of Clarksville. After this collaboration in May 1997, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in June 1997. At this meeting, prospective members were introduced to the "Community Diagnosis" process and the roles and responsibilities of the newly formed Montgomery County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as "Appendix A".

The Council has met monthly since its inception. Council meetings are scheduled for the third Tuesday of each month at Clarksville Memorial Hospital, 1771 Madison Street, Clarksville, Tennessee. The Department of Health is grateful for the support and commitment of Clarksville Hospital in providing meeting space and a complimentary meal for council meetings. Meetings are open to the public from 12:00-1:00 p.m.

Summary

During its first year, the council reviewed and discussed many data sets related to the county's health status as compared to the State. Members began this process by developing a preliminary list of issues that appeared to concern a majority of county residents. This list consisted of ten broad areas. The council formed three subgroups to review the data specific to these concerns and similar problems were linked together for study by one of the three subgroups. Data needed to indicate the degree of the preliminary problem areas was gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the subgroups used the data indicators to list the three major problems in their area of review. The council prioritized a total of nine problem areas. These can be found in the Health Issues and Priorities section of this document.

After determining the major problems in the county, each problem area was ranked based upon their perceived size and seriousness (the number of people affected, the impact on health, and the financial cost). Crime & Violence ranked as the #1 problem in the county. Alcohol & Drug Abuse was a ranked a close #2. Alcohol & Drug abuse is generally viewed as a risk or contributing factor to crime and violence, in addition to three other ranked problems in the county: #4 Domestic Abuse, #5 Gangs, and #6 Juvenile Delinquency.

The council is collaborating its planning efforts with the United Way of Clarksville and Montgomery County, also conducting a needs assessment, in order to avoid a duplication of work. The council is currently determining the best method of developing strategies to reduce the priority problems.

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County Description

Demographic And Socioeconomic

1997 Estimated Population: 113,922 Median Age: 34 Largest age group: 20 to 24
Projected growth rate: 19.1% (1990 through 2000)

Montgomery County's growth rate ranks as the 8th fastest growing county in Tennessee. The Mid-Cumberland Region is the fastest growing rural region in the state of Tennessee and only Memphis/Shelby County exceeds its total population.

Indicator	Montgomery County	Mid-Cumberland Region	State
Age 65 + (1997)	9%		13%
Minorities (1997)	23%	10%	17%
Family Households	78.4%	78.8%	72.7%
Householders 65 +	14.6%	17.1%	21.8%
High School Graduates	77.9%	71.9%	67.1%
Bachelor's Degree +	16.5%	17.1%	16%
Unemployment Rate (1996)	3.9%	5.3%	6.4%
Per capita income (1994)	$15,430	$17,532	$19,450
Persons below poverty level	12.8%	10.5%	15.7%
Age 65+ below poverty level:	17%	19.3%	20.9%
Families below poverty level: with children 18 & below	16.9%	12%	20.7%
Persons with TennCare (1996)	16.8%	18.8%	22.7%

*Statistics from the 1990 Census unless otherwise noted.

Montgomery County is projected to experience significant growth through the year 2000. The actual increase is projected to be about 19,000 residents during the 1990's. Statistics reveal residents per capita income are below the Region and State average. However, the educational, employment, and poverty levels are better than the Region and State.

Medical Community

1996 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	142	852
Primary Care M.D.'s	71	1,703
Psychiatric Specialist	9	13,436
Dentists	43	2,812
Psychologists	16	7,558

Medical Community (Continued)

1996 Hospital Data

Number of Facilities	1		Number Medicaid/TennCare Certified	1
Licensed Beds	216		Licensed Percent Occupancy	49.0
Staffed Beds	180		Staffed Percent Occupancy	58.8
Average Daily Census	106		Average Length of Stay	4.5
Total Expenses	$60,341,544		Total Net Revenue	$64,570,484
Cost Per Patient Day	$844		Percent of Charity Care	0.9

1996 Hospital Utilization Data

	Most Used	Second Used	Third Used
County Of Hospital	Montgomery	Davidson	Robertson
Number of Admissions/Discharges	6,961	2,808	73
Percent of Admissions/Discharges	70.1	28.3	0.7

1996 Nursing Home Data

Number of Facilities	5		Number Medicaid Certified	5
Admissions	459		Percent Population 65+ in Nursing Home	4.3
Average Length of Stay	357		Turnover Rate	0.90
Licensed Beds	509		Staffed Beds	509
Licensed Percent Occupancy	96.4		Staffed Percent Occupancy	96.4
Licensed Beds Per 1,000 pop. 65 +	50.8		Staffed Beds Per 1,000 pop. 65 +	50.8

1996 Nursing Home Utilization Data

	Most Used	Second Used	Third Used
County Of Nursing Home	Montgomery	Houston	Davidson
Number of Patients	365	21	12
Percent of Patients	85.0	4.9	2.8

Community Needs Assessment

Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a "major problem" in the surveys formed the basis of the county's "Preliminary List" of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

- ### Behavior Risk Factor Survey (BRFS)

  The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

  Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

  The 1997 Montgomery County BRFS consisted of 200 completed surveys. Of the respondents, 48.5% were male and 51.5% were female. Minorities represented 16.5% of the respondents. This compares to a 1997 estimated population ratio of 51/49 male to female and a 23% minority population as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Montgomery County BRFS is included as Appendix B.

- ### The Community Questionnaire Survey

  The community questionnaire survey provides a profile of perceived health care needs and problems facing the community by residents that respond to the survey. The survey includes questions about community issues, the availability of services, and personal health concerns and health care. Members of the council were asked to complete the community survey as well as distribute the survey to other residents in the community. Approximately 100 surveys were distributed, and 44 completed surveys were returned and analyzed.

  The Community Questionnaire Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Questionnaire Survey is included as Appendix C.

Primary Data (Continued)

- ### The Initiating Group Survey

  Individuals identified as key informants by local government officials (County Executive, Mayor of Clarksville, County Health Department Director) completed this survey. These individuals represented the diversity within the county in terms of race, sex, profession, and residence. The "key informants" were invited to attend a community meeting to learn more about the "Community Diagnosis" initiative and consider a commitment to serve on the county health council. The Initiating Group Survey includes questions regarding the county's strengths, major health problems, and programs and/or resources needed to improve the health status of residents. A summary of the Initiating Group Survey is included as Appendix D.

Secondary Data

The Montgomery County Health Council reviewed an extensive amount of data sets comparing the health status of the county with the Mid-Cumberland Region and the State of Tennessee. The secondary data sets (information already collected from other sources for other purposes) were assembled by the State Office of Assessment & Planning. Data sets that are routinely collected by the Department of Health, as well as other state departments and agencies, were assembled and distributed to council members. Additional comparative information was taken from the Tennessee Commission on Children & Youth's "Kid's Count" report, the Tennessee Judiciary's Statistical Services, the Council of Juvenile and Family Court Judges, the Department of Safety, and the 1997 Youth Risk Behavior Survey. A Data Summary is attached as Appendix E.

- ### Mortality and Morbidity

Death and Disease indicators covering the twelve-year period from 1983-1994 were presented for the county, region, and state. This data was presented in chart form using three-year moving averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that create distortions. Included in the Mortality and Morbidity were the following indicators:

- Birth Rate
- Fetal Death Rate
- Infant Death Rate
- Neonatal Death Rate
- Female Breast Cancer Mortality Rate
- Violent Death Rate
- Vaccine Preventable Disease Rate
- Chlamydia Rate
- Gonorrhea Rate
- Leading Causes of Death Rate (Ages 5-14)
- Leading Causes of Death Rate (Ages 25-44)
- Leading Causes of Death Rate (Ages 65 +)
- Cancer Incidence Rate (1990-1992)
- Pregnancy Rate
- Percent Births with Low Birthweight
- Percent Births with High Risk Characteristics
- Crude Mortality Rate
- Motor Vehicle Accident Death Rate
- Nonmotor Vehicle Accident Death Rate
- Tuberculosis Disease Rate
- Syphilis Rate
- Leading Causes of Death Rate (Ages 1-4)
- Leading Causes of Death Rate (Ages 15-24)
- Leading Causes of Death Rate (Ages 45-64)
- Leading Causes of Death (Based on "Years of Productive Life Lost")

Secondary Data (Continued)

- Program data from other state departments

  Data collected from other state departments and reviewed by the health council included the following:

  - Percent of students receiving Special Education
  - Rate of children under 18 committed to State Custody
  - DUI convictions
  - Child Abuse and Neglect Rate
  - Criminal Court Filings
  - Percent of children under 18 referred to Juvenile Court
  - Local Health Department utilization of services
  - Traffic Crashes and Fatalities
  - Divorce Rate
  - Juvenile Court Cases

Health Issues and Priorities

Preliminary Problems List

After reviewing the primary data sets, the county health council listed those issues they considered the major problems in the county. This list was achieved by group consensus. Below in alphabetical order is the list of ten problems selected by the council for review.

- Alcohol, Tobacco, and Other Drugs
- Crime & Violence
- Environmental Issues
- Expense of Health Care (Senior Citizen's Prescriptions, Dental Care)
- Family Dysfunction (Child abuse, children entering State Custody, School Nurse Referrals, Juvenile Court referral rate)
- Gangs (Criminal)
- Heart Conditions, Cancer, Diabetes, Kidney Disease
- Lack of Knowledge of Basic Health Care & Disease Treatment and Prevention
- Maxed-Out Hospitalization Policies
- Teen Pregnancy

Priority Problems List

The Montgomery County Health Council reviewed a considerable amount of data related to the health status of its residents during 1997 and 1998. A summary of data pertaining to each of the preliminary problem areas was assembled to determine the degree of each problem. Three subgroups were formed to collect and review data associated with the problem areas identified by the council. After reviewing the data, each subgroup brought three problems areas and the substantiating data to the council for prioritization as the major health problems in the county. A total of nine problems were identified and ranked by the council.

To establish the priorities among the identified health problems, the council used a modified version of the J.J. Hanlon method. The nine problem areas were ranked 1 through 9 in two categories: size and seriousness (the number of people affected, the impact on health, and the financial cost). The rank assigned in each category was based on each member's perception of the problem from personal awareness and the available data. The rankings for each category were combined to provide a total score for each problem. The problem area with the lowest total score became the individual's #1 ranked problem, and the problems area with the highest total score became the individual's #7 ranked problem. All member score sheets were combined in the same manner to obtain the council's priority problem rankings. The priority problems, there rank and score, and the supporting data utilized to validate each problem area are provided below.

1. Crime & Violence (63 points)

- During fiscal years 1995/96 1996/97, *Assault filings* in Criminal Court were 8% and 9% respectively above the state rate.
- During fiscal year 1996/97, *Homicide filings* in Criminal Court were 3% above the state rate.
- During fiscal years 1995/96 and 1996/97, *Other Offenses Against Property filings* in Criminal Court were 279% and 341% above the state rate.
- In 1996, *Theft of Property cases* in Juvenile Court were 4% above the state rate.
- In 1996, *Juveniles Transferred to Adult Court* were the 3rd highest in the state with 23.

2. Alcohol & Drug Abuse (67 points)

- 1995 *Alcohol-Related Traffic Fatalities and Fatal Crashes* in the county were 4% and 5% respectively above the state rate.
- From 1992 to 1995, *DUI Convictions* increased 26% in the county.
- In 1996, *Drug Offense cases* (other than possession and sale) in Juvenile Court were 87% above the state rate.
- In 1995 and 1996, *Possession Of Alcohol cases* in Juvenile Court were 60% and 3% respectively above the state rate.
- During fiscal years 1995/96 and 1996/97, *Drugs filings* in Criminal Court were 72% and 30% above the state rate.

3. Chronic Health Problems (Heart, Cancer, Kidney, Diabetes) [89 points]

- Of 10,111 *Hospital Admissions* from 11/96 – 10/97, Diabetes accounted for 8.9%, cardiac problems accounted for 10%. There were 440 cases of cancer: 87 lung, 71 breast, and 71 prostate.
- 108 persons received *Hemodialysis* at the following two centers: Cumberland Dialysis and Gambro Dialysis Center.
- According to the Behavior Risk Factor Survey for Montgomery County, the following problems were ranked as indicated: *#4 Cancer, #5 Obesity, #7 High Blood Pressure, #9 Arthritis,#9 Heart Conditions.*
- According to the Top 10 Problems identified by 44 respondents in a Montgomery County Community Survey, the following problems were ranked as indicated: *#3 High Blood Pressure, #8 Diabetes and Heart Conditions.*

4. Domestic Abuse (98 points)

- The 1996 *Indicated Child Abuse & Neglect Rate* (per 1,000 children under age 18) in the county is 24.9 or 133% above the region rate of 10.7, and 159% above the state rate of 9.6
- During the 3-year average periods of 1993-1995 and 1994-1996, the *Rate of Children Entering State Custody* in the county was 13% and 2% respectively above the state rate.
- In 1994 and 1996, the *Rate of Children remaining in State Custody* was 36% and 13% respectively above the state rate.

5. Gangs (Criminal) [114 points]

- Due to the growth of this problem, the Clarksville Police Department's *"Gangs" Unit* was organized to address this issue.
- According to CPD's "Gangs" Unit, there are *9* active Criminal Street Gangs and 5 gangs meeting the old requirements for gang activity. Members of more than 4 National Gang Sets have been field identified since 1996, still indicating *Gang Membership*.
- From January 1, 1995 to September 9, 1997, 249 *Arrests* of gang members occurred in the county.

6. Juvenile Delinquency (120 points)

- From 1995 to 1996, cases categorized as *"Juvenile Delinquency"* increased 11% in the county.
- In 1994 and 1996, the *Percent of Children referred to Juvenile Court* was 50% and 2% respectively above the state rate.
- In 1996, the 23 *Juveniles transferred to Adult Court* (for the alleged commission of felony offenses) in the county were the 3rd highest number in the state.

7. Adolescent Pregnancy (128 points)

- Adolescents who give birth place themselves and their babies *At Risk* of many health, educational, vocational, and social disadvantages.
- The *1996 Pregnancy Rate* of the 10-19 y/o age group is 6% above the state rate.
- The *1996 Birth Rate* of the 18-19 y/o age group is 14% above the state rate. The birth rate in this age group to the *white race* is 21% above the state rate. The birth rate to the *black race* in this age group is 9% below the state rate.
- The *1994-1996 Pregnancy Rate* of the 18-19 y/o age group is 14% above the state rate. The Pregnancy Rate in this age group among the *nonwhite race* is 20% below the state rate while the *white race* rate is 28% above the state rate.
- The *Percent of Adolescent Pregnancies to Unwed Women* is below the state percentage: 2% below the 15-17 y/o age group (82%), and 14% below the 18-19 y/o age group (55%).
- Tennessee's *Adolescent Pregnancy and Birth Rates* are consistently above the U.S. rates. In 1994, the *Teen Birth Rate* (ages 15-17) for Tennessee was 13% above the U.S. rate.
- During 1994-1996, the *Percent of Total Births with Low Birthweight* (7.8) was 56% above the Year 2000 National Objective (5.0).
- During 1994-1996, the *Percent of Total Births with Late Prenatal Care* (23.9) is 40% above the state rate and 139% above the Year 2000 National Objective (10.0).

8. Dental Care for Indigents (133 points)

- During a 13-month period, 248 patients were seen in the E.R. at *Clarksville Memorial Hospital* for tooth pain. This resulted in charges amounting to $24,000.
- During 1997, 978 indigent patients were seen at *Good Samaritan* for dental care. (Good Samaritan provides care through volunteer dentists – approximately 9-12 hours per week. This amounts to approximately $70,000 annually in free services. The care provided is generally tooth extractions and no other service. Good Samaritan budgets approximately $25,000 per

year for dental services which is spent mostly on supplies. The money comes from First Baptist Church and private donations.)

9. Cost of Medications for Senior Citizens (134 points)

- According to the management of the local Senior Center, approximately two-thirds of the seniors attending the center have *No Insurance To Cover Drug Costs.*
- Other Data Indicators include the following:
  - An estimated 13% of residents reporting they were *Unable To See A Doctor Due To The Cost.* This is .7% above the State percentage reporting this problem. (1996 Behavior Risk Factor Survey)
  - An estimated 13% of residents reporting they have *No Health Care Plan.* This is 1.7% above the estimated percentage of Tennesseans reporting this problem. (1996 Behavior Risk Factor Survey)
  - An estimated 21% of residents report their *Health Status* to be "Fair to Poor." This is 3.3% above the estimated percentage of Tennesseans reporting this health status.
  - 44.4% of noninstitutionalized persons 65 years and over reporting a *"Mobility or Self-Care Limitation."* This is 1% above the State figure for this problem according to the 1990 Disability Status report.

Future Planning

Process

The health council is collaborating with the United Way of Clarksville and Montgomery County, who is also conducting a Community Needs Assessment, in order to avoid a duplication of community planning. At this time, the council is deliberating about the method of addressing the priority problems. Although multiple problems can be addressed simultaneously by subcommittees, the risk of overlapping exists in this context. As a preliminary approach, the council is strongly considering analyzing one problem as a large group. Subgroups will be utilized, as necessary, to complement the planning process. The planning process is scheduled to begin in August 1998.

In 1996, a community group was formed to develop a prevention strategy for the Governor's Community Prevention Initiative for Children (GCPIC). Montgomery County was selected for the GCPIC in 1996 based upon the county having the highest number and rate of problem indicators, used by the Department of Health, in the Region. The problem indicators included teen pregnancy, school dropouts, referrals to juvenile court, children committed to state care, and adolescent violent deaths. Some of the current council members participated in the GCPIC planning. Although the group proposed an Afterschool Recreational Program, alternative proposals were submitted for funding. No vendor proposed to provide the Afterschool Recreational Program. Big Brothers and Big Sisters of Clarksville was awarded the GCPIC grant to provide an In-school Mentoring Program with supplemental programs to provide social skills training, tutoring, and parenting skills training.

The council will be involved in evaluating the success of the services offered by the Governor's Community Prevention Initiative for Children in Montgomery County. At the conclusion of the three-year grant period (June 30, 1999), the council will determine the effectiveness of the current strategy in reducing the adolescent problem behaviors and risk factors targeted by the grant. The current services may be continued for up to an additional three-year period if it has been proven effective in reaching the goals and objectives of the Initiative. New proposals for the GCPIC in Montgomery County may be requested if the current services are judged to be ineffective in achieving the goals and objectives of the Initiative.

Appendices

Contents Page

Appendix A

Montgomery County Health Council

Elected Officials

Douglas Weiland, County Executive
Montgomery County Courthouse
Clarksville, Tennessee 37040
648-5787

Don Trotter, Mayor
102 Public Square
Clarksville, Tennessee 37040
645-7444

County Health Department

Peggy Tackett, Director
Shannon Cole, Nurse Clinician
P.O. Box 1026
Clarksville, Tennessee 37041-1026
648-5747

Montgomery County Schools

Pam Isbell
Nurse Manager of Health Services
1912 Claymont Drive
Clarksville, Tennessee 37040
648-5630

Clarksville Memorial Hospital

Shelia Baggett
Clarksville Memorial Hospital
1771 Madison Street
Clarksville, Tennessee 37043
552-6622

Good Samaritan Ministries

Peggy Huddleston, Director
1380 Hazelwood Road
Clarksville, Tennessee 37042
648-2444

Austin Peay State University

Carolyn O'Drobinak
A.P.S.U., School of Nursing
P.O. Box 4658
Clarksville, Tennessee 37044
648-7710

*Mary-Elaine Horne, M.S.
A.P.S.U., Cooperative Education
P.O. Box 4777
Clarksville, Tennessee 37044
572-1225/572-1044 (Fax)
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Regional Health Office

Ann Hopton
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Nashville, Tennessee 37247-0801
(615) 650-7000

Juvenile Court

Larry Ross
Youth Services
120 Commerce Street
Clarksville, Tennessee 37040
648-5766

*Council representative to the Mid-Cumberland Regional Health Council

Montgomery County Health Council (Continued)

Physician

Ramon J. Aquino, MD
201 Dover Road
Clarksville, Tennessee 37042
552-4495

Mental Retardation

Jay Albertia
Progressive Directions
1249 Paradise Hill Road
Clarksville, Tennessee 37040
647-6333

ATOD/Mental Health

Sheryl Findley
Harriett Cohn Center
511 Eighth Street
Clarksville, Tennessee 37040
648-8126

Department of Children's Services

Amelia B. Wallace
350 Pageant Lane, Suite 301
Clarksville, Tennessee 37040
648-5520

Preschool Services

Betsy Nelson
131 W. Glenwood Drive
Clarksville, Tennessee 37040
645-5101

Board of Health

Julian Reeves
538 Briarwood Drive
Clarksville, Tennessee 37040
645-1632

Frank Woodard, DVM
1993 Madison Street
Clarksville, Tennessee 37043
648-8111

Fort Campbell

Sam Johnson
Garrison Commander
T-39 39 26th Street
Fort Campbell, Kentucky 42223
(502) 798-9922

Kim McPherson, LCSW
New Parent Support Group
300 Greenwood Avenue, E-6
Clarksville, Tennessee 37040
(502) 956-3850

Appendix B

Behavioral Risk Factor Survey (Summary)

Demographics

A total of two hundred Montgomery County residents responded to the telephone survey conducted by the University of Tennessee. The participants had the following characteristics:

Age Group	Gender	Race	Education	Marital Status	Kids
Under 30 34%	Male 48%	White 84%	1 - 8 3%	Married 66%	0 - 50%
30 - 45 34%	Female 52%	Black 15%	9 - 11 4%	Divorced 12%	1 - 22%
45 - 65 25%		Asian 1%	HS Graduate 39%	Widowed 5%	2 - 21%
65 & over 8%		Other 1%	Some College 32%	Separated 3%	3 - 6%
			College Grad. 23%	NM 16%	4 + 2%

Definite Problems

The ten community problems rated most frequently as a "definite problem" by respondents are as follows:

Rank	Definite Problem	Percent of Respondents
1	Tobacco Use	63%
2	Teen Pregnancy	41%
2	Alcohol Abuse	41%
3	Cancer	39%
4	Drug Abuse	35%
4	Obesity	35%
5	High Blood Pressure	33%
6	Environmental Issues	28%
7	Arthritis	27%
7	Heart Conditions	27%

Behavioral Indicators

- ***Cigarette smokers:*** Forty-three (43) percent of respondents report they have considered themselves a "smoker" at some time. Currently, 27% of the respondents are smokers. Male smokers represent 29% and female smokers represent 24% of the survey population.

  It is estimated 26.5% of Tennesseans smoke cigarettes: 28% male and 25.1% female. Lung cancer is the leading cause of cancer deaths in the United States for both men and women. In the

publication "Tennessee's Healthy People 2000," Montgomery County averaged 50 lung cancer deaths between 1993-1995. This amounted to a 50.0 rate per 100,000 population and a ranking of 51st in the State for deaths from lung cancer. The county rate is 3% higher than the State rate of 48.7. The county rate is 22% higher than the Year 2000 National Objective of 42.0 deaths from lung cancer per 100,000 population.

- ***Mammograms:*** In Montgomery County, 46% of ages 30-45 and 87% of ages 45-65 have had a mammogram. Of those females having a mammogram, 64% were performed in the past year and 79% were performed within the past two years. As a comparison, 58.7% of Tennessee women over 50 have had a mammogram and clinical breast exam in the past two years (Tennessee BRFS 1995).

- ***Clinical Breast Exam:*** Eighty-one (81) percent of females ages 30-45 and 83% of females ages 45-65 have had a clinical breast exam. Of those females having a clinical breast exam, 77% were performed within the past year and 93% were performed within the past two years. For purposes of comparison, 90% of females ages 30-45 and 84% of females ages 45-65 in Cheatham County have had a clinical breast exam.

  Montgomery County's Female Breast Cancer Mortality Rates (1993-1995) are #49 in the State of Tennessee. Breast cancer is the second leading cause of deaths among females in the United States. In the publication "Tennessee's Healthy People 2000," Montgomery County averaged 13 deaths from female breast cancer between 1993-1995. This amounts to a rate of 21.8 per 100,000 population. The county's rate is 3% below the state rate and 6% below the Year 2000 National Objective of 20.6 deaths per 100,000 population from Female Breast Cancer. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent.

- ***Pap Smear:*** It is estimated 96% of adult females in the county have had a Pap smear. Of that number, 72% of the procedures were performed within the past year, and 85% were performed within the past two years. As a comparison, 84.1% of Tennessee women had a pap smear within the past three years (1995 Tennessee BRFS).

- ***Health Care Coverage:*** Eighty-seven (87) percent of the county respondents report they have health care coverage of some kind. However, 38% feel their coverage limits the care they receive and 13% report they needed to see a doctor but could not because of the cost. According to the 1995 Behavioral Risk Factor Surveillance Data, 11.3% of all Tennessee residents are estimated to have no health care plan and 12.3% were unable to see a doctor due to cost.

- ***Quality Of Health:*** Seventy-four (74) percent of the respondents had a checkup within the past year, and 83% had a checkup within the past two years. Seventy-three (73) percent of the respondents indicated their quality of health as "good" or better while twenty-one (21) percent report their quality of health as "fair or poor." As a comparison, 17.7% of residents statewide rated their general health status as fair to poor (1995 Tennessee BRFS).

- ***Cardiovascular disease antecedents:*** Heart disease and stroke cause more deaths than all other diseases. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, cigarette smoking, and sedentary lifestyle. According to the 1994 Behavioral Risk Factor Surveillance Data, Tennessee estimates 65.6% of its residents have a sedentary lifestyle. The 1995 BRFS, of Tennessee residents, indicates 35.4% are obese, 26.7% were told they had high blood pressure, 18.7% were told by a health professional their cholesterol was too high, and 26.5% are currently smokers. In Montgomery County, 17% are estimated to have had high blood pressure, 13% have been given advise to lose weight, and 27% are current smokers.

  - People with ***Diabetes*** are 2 to 4 times more likely to have heart disease (more than 77,000 deaths due to heart disease annually). And they are 5 times more likely to suffer a stroke (more than 11,000 diabetes-related stroke-deaths each year).[1] According to the survey, it is estimated 6% of the county's residents have had diabetes. By comparison, 5.2% of statewide residents were told by a doctor they had Diabetes (1995 Tennessee BRFS).

  - In the publication "Tennessee's Health People 2000," Montgomery County averaged 157 deaths from Coronary Heart Disease between 1993-1995. This amounted to a rate of 112.2 per 100,000 population. This county rate is 16% below the Tennessee rate of 133.6. In 1994, Tennessee's "Heart Disease Deaths" were 15% higher than the United States. The Montgomery County rate is 12% higher than the Year 2000 National Objective of 100.0 deaths per 100,000 population from Coronary Heart Disease. Also in this publication, Montgomery County averaged 62 deaths from stroke between 1993-1995. The county rate of 36.6 per 100,000 population is 2% above the Tennessee rate of 35.9 and 83% above the Year 2000 National Objective of 20.0 deaths per 100,000 from Stroke.

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Appendix C

The Community Questionnaire Survey (Summary)

Demographics

A total of 44 surveys were analyzed. The following information provides the characteristics of the respondents to the survey.

- Years Lived In The County: Over 10 Years = 68% 6 To 10 Years = 18%
- Marital Status: Married =73% Single = 11%
- Gender: Female = 66% Male = 32%
- Ethnic Group: White = 55% No Response = 34%
- Education: Post Graduate = 34% Some College = 25%
- Occupation: Health Care = 25% Service (Professional) = 20%
- Income: $30 - 39.9 K = 20% $50 - 59.9 K = 14%

Definite Problems Indicated

Rank	Problem	Percent of Respondents
1	Crime	89%
2	Smoking	75%
2	Youth Violence	75%
3	High Blood Pressure	73%
4	Adult Drug Abuse	70%
4	Domestic Violence	70%
5	Gangs	68%
6	Homicide	66%
6	Teen Alcohol & Drug Abuse	66%
7	Obesity	64%
8	Diabetes	61%
8	Heart Conditions	61%
9	Poverty	57%
10	Adult Alcohol Abuse	55%
10	Stress	55%
10	Teen Pregnancy	55%

Other Results

- Availability of Services

Adequate

- Pharmacy Services (84%)
- Ambulance/Emergency Services (73%)
- Pediatric Care (64%)
- Child Day Care (57%)
- Hospital Care (57%)
- Eye Care (77%)
- Dental Care (68%)
- Local Family Doctors (64%)
- County Health Department Services (57%)
- Home Health Care (52%)

Not Adequate

- Health Insurance (50%)
- Child Abuse & Neglect Services (45%)
- Recreational Activities (45%)
- Nursing Home Care (43%)
- Day Care for Home Bound Patients (39%)
- Alcohol & Drug Treatment (48%)
- Mental Health Services (45%)
- Women's Health Services (45%)
- Adult Day Care (39%)
- Emergency Room Care (39%)

Don't Know

- Adult Day Care (32%)
- Meals on Wheels (30%)
- Medical Equipment Suppliers (27%)
- Transportation for Medical Care (25%)
- Health Education & Wellness Services (20%)
- Day Care for Home Bound Patients (30%)
- Child Abuse & Neglect Services (27%)
- Alcohol & Drug Treatment (25%)
- County Health Department Services (20%)
- School Health Services (20%)

- Personal Information

- Hospital Used: Clarksville Memorial = 75%, Blanchfield Army Hospital = 9%
- Health Issues: High Blood Pressure = 14%, Diabetes = 11%, Heart Disease = 7%
- Health Status: Excellent = 20%, Very Good = 50%, Good = 20%, Fair & Poor = 5%

Appendix D

The Initiating Group Survey

- Strengths of Montgomery County

  - Good Hospital Facility
  - Low Tax Rate
  - Good Geographical Location
  - Austin Peay State University
  - Fort Campbell
  - Leadership
  - Population Growth
  - Excellent Hospital Facility And Leadership To Improve Services And Facilities
  - Strong School System
  - Diverse Culture
  - Strong & Growing Industrial Community
  - Numerous Medical & Home Health Services
  - Involved Citizenry
  - Low Unemployment
  - Services Available For The Indigent
  - City And County Officials Work With Citizens To Improve The County
  - Adequate Health Care Providers For Those Insured

- Major Health Problems in the County

  - Teen Pregnancy (4)
  - Immunization (2)
  - Parent Education
  - Heart
  - Kidney
  - Hypertension
  - Food Poison (Public Health)
  - Child Abuse
  - Dental And Eye Care For Tenncare Adults & Medicare Patients
  - Lack Of Education To Parents Regarding The Impact Of Secondary Smoke On Children's Health
  - Substance Abuse (4)
  - Violence
  - Anger Management
  - Maxed Out Hospitalization Policies
  - Providers Unwilling To Work With Families
  - Diabetes
  - Head Lice (Schools)
  - Family Dysfunction
  - Lack Of Knowledge About Basic Health Care
  - Lack Of Knowledge Of Disease Treatment And Prevention Of Illnesses
  - Drug Expense For Senior Citizens

- Ways Health of Citizens Could Be Improved

  - Patient Education (Especially Low-Income & Tenncare Patients) Regarding Their Health Care Responsibilities
  - Better Promotion Of The Public Health Department
  - Provide Specialty Indigent Care
  - Information On Prevention Of Diseases
  - Increased Obstetrical Care For The Indigent
  - Newspaper-Radio-TV-Service Directory
  - Health Department Services In The High Schools
  - Awareness Programs
  - Push Health Education In The School System

Ways Health of Citizens Could Be Improved (Continued)

- Encourage Providers To Develop Sliding Pay Scales
- Educate Citizens About Current Health Problems And Alternatives To Solving Problems
- Require Mandatory Parenting Classes After Childbirth
- Professional Nurses In Schools For Student And Home Assessments And Referral To Appropriate Services
- Community Awareness And Commitment To The Issues Facing Our Children

Additional Resources Needed To Improve Health Care

- Grant Money For Private Providers
- Twenty-Four Hour Pharmacy
- Doctors Who Serve The Indigent Population And Will Take New Patients
- Walking Pavilions – Safe And Comfortable Areas To Walk
- Improved Collaboration Between And Among Providers
- Manpower – OB's And Some Supplemental Reimbursement For These Services
- Involve The Private Sector In Informing The Public About Current County Health Care And Available Solutions
- Legislation
- Support For Low Income Parents For Items Not Covered By Programs Such As WIC
- Funds To Assist Uninsured Residents With Health Care
- After Office-Hours, Non-Emergency, Urgent Care Clinic
- Recognition Of The Quality Of The Services Available In The Community
- Separate Health Care Needs Of The Growing Transient Population Form Permanent Residents
- Community Education Promoting Health Management And Intervention Using In-Store System In Major High Traffic Areas To Promote A Focus Campaign

Appendix E

Montgomery County Data Summary

Mortality Data

About seventy-five percent of all deaths are caused by heart disease, cancer, and stroke. Death rates from heart disease declined during the last twenty years while death rates from cancer increased during that period. According to Tennessee's Healthy People 2000, Montgomery County's ***Deaths From All Causes*** is 4% lower than the State rate (1993-1995). The following information compares the leading causes of death in the State of Tennessee with Montgomery County:

- ***Diseases of the Heart*** are the leading cause of death throughout the nation. The county rate of deaths from Heart Disease (1993-1995) is 16% lower than the Tennessee rate (133.6 deaths per 100,000 population) but 12% above the Year 2000 National Objective (100 deaths per 100,000 population). The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.

- ***Malignant Neoplasms (Cancer)*** are the second leading cause of death throughout the nation. Deaths from cancer in the county are 33% lower than the State rate (1995). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer.

  - ***Lung Cancer*** is the leading cause of cancer deaths for both men and women. The death rate in Montgomery County from lung cancer (1993-1995) is 3% higher than the State rate. The county rate is 19% above the Year 2000 National Objective (42 deaths per 100,000 population).
  - ***Breast Cancer*** is the second leading cause of cancer deaths among women in the U.S. According to Tennessee's Healthy People 2000 (1993-1995), Montgomery County's rate is 3% below the State rate but 6% above the Year 2000 National Objective (20.6 deaths per 100,000 population).

- ***Deaths from Stroke*** are the third leading cause of death throughout the nation. This is also true in Montgomery County. Montgomery County's rate is 2% above the State rate (1993-1995). The county rate is 83% above the Year 2000 National Objective (20 deaths per 100,000 population). People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activity are means to reduce the risk of stroke.

- ***Accidents and Adverse Effects*** are the fourth leading cause of death in the State and the fifth leading causes of death in Montgomery County (1995). The county rate of deaths from accidents and adverse effects is 30% below the State rate. Deaths from accidents and adverse effects have the greatest impact on premature death in terms of "Years of Productive Life Lost."

- ***Motor Vehicle Accidental Deaths*** (1995) accounted for 53% of deaths occurring by accident or adverse effects statewide and 46% in Montgomery County. From 1993-1995, the county's MVA death rates were the 2nd lowest in the State (averaging 17 per year @ 14.6 per 100,000 population); the county rate is 41% lower than the State rate and 13% lower than the Year 2000 National Objective (16.8 deaths per 100,000 population). Only four counties in Tennessee are below the Year 2000 National Objective.

  ⇒ Since 1984, the MVA death rate has been highest in the 15-24 age group. Statewide statistics (1995) show the 15-24 age group MVA death rates are the highest (48.5 per 100,000). Montgomery County's death rate of 23.8 per 100,000 population in this age group is 55% below the State rate in the 15-24 age group. There were 5 MVA county deaths in this age group during 1995.

- ***Nonmotor Vehicle Accidental Deaths*** represent 47% of statewide deaths and 54% of county deaths from accidents or adverse effects (1995). The county rate in this category is 32% below the State rate. The 25-44 age group has the highest NVA death rate in the county and State for 1995 (26.9 per 100,000 population). This rate is 23% above the State rate for this age group. There were 5 NMVA county deaths in this age group.

- ***Chronic Obstructive Pulmonary Disease and Allied Conditions*** are the fifth leading cause of death in the State and the fourth leading cause of death in Montgomery County (1995). The county rate of death from this cause is 15% below the State rate of 43.8 deaths per 100,000 population.

- ***Violent Death*** rates (homicides and suicides) in the county were 17% lower in the county when compared to the State during the 1992-1994 period. The 15-24 age group has the highest violent death rates and the nonwhite rates are higher than the white rates. This is true for the county and the State. The county nonwhite rate is 94% above the white rate in this age group. This compares to a State nonwhite rate that is 309% above the white rate in this age group. The latest available data (1993-1995) for these categories follows:

  - The ***Homicide*** rate in the county (9.2 per 100,000 population) is 46% higher than the Region but 23% lower than the State rate. The three year average (1993-1995) for Montgomery County is eleven (11) homicides per year. The county rate is 28% above the Year 2000 National Objective (7.2 deaths per 100,000 population).
  - The ***Suicide*** rate in the county is 19% below the Region and 26% below the State rate. The county rate is 10% below the Year 2000 National Objective (10.5 deaths per 100,000 population). Currently the most promising approach to suicide prevention is the early identification and treatment of persons suffering from mental disorders.
  - In the "1996 KIDS COUNT" material from the Tennessee Commission on Children and Youth, the ***Teen Violent Death Rate*** (Ages 15-19) in Montgomery County is 35% below the State rate. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of teen violent death is firearm related deaths.

Mortality Data (Continued)

- ***Infant Mortality*** data reveals Montgomery County's Infant Death rate of 8.0 per 1000 live births (1993-1995) is 13% lower than the State rate. However, the county rate is 14% above the Year 2000 National Objective (7.0 infant deaths per 1000 live births). Technology advancements plus early and comprehensive care have contributed to the improvement in infant survival over the past several decades.

- ***Child Death*** (ages 1-14) data from Kids Count 1996 indicates a 203.5% increase from 1992 to 1996 in Montgomery County. The county rate is 32% above the State child death rate. The primary killer of Tennessee's children is accidents and nearly half are motor vehicle accidents. Using child restraints and safety belts could prevent many MVA deaths.

Morbidity Data

The ***Age-Adjusted Cancer Incidence Rates*** for all cancer sites (1990-1992) reveals Montgomery County is 15% lower than the Region and 21% lower than the State rate. Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:

- ***White male lung cancer*** incidence rates are 26% below the Region and 33% below the State rate. ***White female lung cancer*** incidence rates are 18% below the Region and 17% below the State rate. The ***nonwhite male lung cancer*** incidence rate is 9% below the Region and 15% below the State rate. The ***nonwhite female lung cancer*** incidence rate is 0.0 in the county.

- ***Prostate cancer*** incidence rates are 11% lower in Humphreys County as compared with the Region and 19% lower than the State rate. Prostate cancer incidence rates for ***white males*** are 7% lower than the Region and 14% lower than the State. The ***nonwhite male*** incidence rate is 22% lower than the Region and 26% below the State rate.

- ***Female breast cancer*** incidence rates are 6% lower in the county as compared to the Region and 12% lower than the State rate. The ***white female breast cancer*** incidence rate is 5% lower than the Region and 12% below the State rate. The ***nonwhite female breast cancer*** incidence rate is 3% below the Region and 12% below the State rate.

- ***Colon cancer*** incidence rates in the county are 2% below the Region and 8% below the State rate. The ***male colon cancer*** incidence rates in the county are 13% lower than the Region and 22% below the State rate. The ***white female colon cancer*** rate is 7% higher than the Region and 9% above the State rate. The ***nonwhite female*** incidence rate is 17% higher than the Region but 19% below the State rate.

- ***Bladder cancer*** incidence rates in the county are 33% lower than the Region and 34% below the State rate. The ***male bladder cancer*** incidence rates are 50% below the Region and 54% below the State rate. The ***white female*** rate is 7% above the Region and 9% above the State rate. The ***nonwhite female*** rate is 120% above the Region and 159% above the State rate.

Morbidity Data (Continued)

- ***Reportable Disease Rates*** available for the county (1995) include the following:

  - The cumulative number of ***AIDS/HIV*** cases in Montgomery County has been reported as 45/38 (1982>/1992>). The county averaged 8 AIDS cases (1993-1995) annually at a rate of 7.7 per 100,000 population. Only Robertson County has a higher AID's rate in this Region than Montgomery County. The county rate is 26% above the Region but 52% below the State rate. The majority of the AIDS/HIV cases in the State occurred in the four major metropolitan areas because of larger populations.

  - The incidence of ***Hepatitis A*** in the county is 95% lower than the State rate of infection of 39.2 cases per 100,000 population. (The county had two reported cases in 1995.)

  - The incidence of ***Hepatitis B*** in the county is 93% lower than the State rate of infection of 13.2 cases per 100,000 population. (The county had one reported case in 1995.)

  - The incidence of ***Influenza*** in the county is 53% lower than the State rate of 44.1 per 100,000 population. (The county had 23 reported cases in 1995.)

  - The incidence of ***Meningitis*** in the county is 50% lower than the State rate of 3.6 per 100,000 population. (The county had two reported cases in 1995.)

  - The incidence of ***Non A Non B Hepatitis*** in the county is 91% lower than the State rate of 19.7 per 100,000 population. (The county had two reported cases in 1995.)

  - The incidence of ***Tuberculosis*** is 41% lower than the State rate of infection of 9.2 cases per 100,000 population. (The county had six reported cases in 1995.)

  - No resident cases of ***Lyme Disease, Measles, Mumps, Rubella, or Salmonellosis Non-Typhoid*** were recorded in 1995.

  - ***Sexually Transmitted Disease Rates*** are serious problems in Metropolitan counties. Montgomery County rates are significantly lower than the State (1995).

  - The incidence of ***Chlamydia*** is 16% below the State rate of infection.

  - The incidence of ***Gonococcal Infections*** is 44% below the State rate of infection.

  - The incidence of ***Syphilis*** (1993-1995) in the county is equal to the Region and 86% below the State rate of infection. The county rate is 17% below the Year 2000 National Objective is 10.0 cases per 100,000 population.

Pregnancy And Birth Data

Many factors influence the health and well-being of newborns and infants. The following risk factor comparison (1992-1994) may assist in detecting areas of strength or needed improvement:

- The ***percent of mothers with selected risk factors*** (education less than 9 years, education 9-11 years, parity [births] 4+, previous termination, previous live birth now dead, previous live birth within the last 24 months) in Montgomery County, having one or more factors, is 3% above the Region but 15% below the statewide percentage.

- The ***percent of live births with maternal risk factors*** (smoking, C-Section, weight gain of less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol or drug use) for county residents, having one or more risk factors, is 1% below the Region and 7% below the statewide percentage. In the ***adolescent age group*** (ages 10-17), the mothers with one or more risk factors is 4% below the Region and 7% below the State percentage. The percent of mothers in the 18-19 age group, with one or more risk factor, is 3% below the Region and 8% below the State percentage.

- The ***percent of total births occurring to Adolescent (10-17) Mothers*** in Montgomery County is 9% below the Region and 35% below the statewide percentage (1993-1995). There is no Year 2000 National Objective.

- The ***Adolescent Pregnancy*** rate (per 1,000 women ages 10-17) in the county for 1993-1995 is 17% above the Region but .4% below the State rate of 23 adolescent pregnancies per 1,000 population. Adolescents who give birth place themselves and their babies at risk of many health, educational, vocational, and social disadvantages. Adolescents (17 and younger) are twice as likely to deliver low-weight babies (less than 5 1\2 pounds). These low-weight babies are 40 times more likely to die in the first month of life than normal weight babies. Teenage parents are more likely to become dependent on public assistance than those who delay childbearing until their twenties.

- The ***percent of total births with Low Weight Births*** in the county is 3% higher than the Region percentage but 17% lower than the statewide percentage (1993-1995). However, the county percent (7.3) is 46% above the Year 2000 National Objective of 5.0% of all births. Low birthweight is a dangerous condition that has been linked to several preventable risks, including lack of prenatal care, maternal smoking, pregnancy before the age of 18, and alcohol and drug use.

- The ***percent of total births with Late Prenatal Care*** in the county is 59% above the Region and 35% above the statewide percentage (1993-1995). The county percent (24.5) of late prenatal care is 145% above the Year 2000 National Objective of 10.0. The prenatal period can be the starting time for good health or it may be the beginning of a lifetime of illness and shortened life expectancy. Early prenatal care is critical to improving pregnancy outcomes.

Local Health Department Data

The statistical information below indicates the utilization of services at the Montgomery County Health Department is similar to those in the Region and the State. However, the ***WIC*** (Women, Infants, and Children) and ***Child Health*** program encounters account for 70.6% of all services in the county compared to 59.5% in the Region and 57.7% statewide. ***Dental services*** are not available at the Montgomery County Health Department. A recent assessment of TennCare Dental Coverage (January 1997) prepared by Dr. Michelle Vaughan, Mid-Cumberland Regional Office, Tennessee Department of Health, reveals there are adequate TennCare Pedodontist in the county for enrolled children. No TennCare General Dentistry providers, Orthodontists, or Oral Surgeons were identified in the county by the survey. Statistics were unavailable for the PHP TennCare MCO. There are 18,590 residents enrolled in TennCare (1-4-97). A dental shortage area is calculated at one (1) provider (full time equivalent=40 hours) to 5,000 population or greater.

	Montgomery		Region		State	
Program	Percent		Percent		Percent	
	1994	1995	1994	1995	1994	1995
Adult Health	9.5	9.9	15.9	17.0	12.9	12.8
CDC	7.9	6.8	6.2	6.5	4.9	6.7
Child Health	19.2	15.8	28.1	22.0	31.1	26.2
CSS	0.3	0.3	0.7	0.7	2.4	2.7
Dental	0.0	0.0	0.7	0.9	1.4	2.7
Family Planning	7.6	7.5	10.6	10.6	10.7	10.2
Non-Clinical	1.0	4.0	1.0	3.7	3.4	5.7
Prenatal	1.2	1.1	1.5	1.3	1.8	1.5
WIC	53.2	54.8	35.3	37.5	31.6	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Program Data From Other Departments

The following statistics from other State Departments reveal the county compares relatively well to the Region and State. However, Montgomery County's Child Abuse and Neglect case rate is 133% above the Regional rate and 159% above the State rate. Also, the rate of Children in State Custody is 20% above the Regional rate and 13% above the State rate. There is a correlation between these two indicators as abused children are at-risk to be placed in State Care while corrective measures are imposed upon the abusive parent(s). These indicators signal a need for preventive, proactive strategies in the county that will increase parenting skills before problems related to family management and conflict are recognized in abuse statistics.

Program Data From Other Departments (Continued)

Other Department Data	County	Mid-Cumberland Region	State
Percent of ***Children Under 18 Receiving AFDC*** ('96)	7.8	6.8	13.5
Percent of ***Children Under 18 Below Poverty*** (1990)	16.9	12.0	20.7
Percent of Students Participating in the ***National School Lunch Program*** (1996)	29.7	25.2	34.1
Indicated ***Child Abuse And Neglect*** Rate per 1,000 Children Under Age 18 (1996)	24.9	10.7	9.6
Percent of Children Under 18 ***Referred To Juvenile Court*** (1996)	5.2	5.3	5.1
Rate of ***Children In State Care*** (1996) (Rate Per 1,000 Children Under Age 18)	10.2	8.5	9.0
Percent of ***Students Receiving Special Education*** (96)	15.8	18.3	18.3
Percent of ***High School Dropouts*** (Grades 9-12, 1996)	2.9	3.4	4.5

Additional Data Sources

Tennessee Department of Safety, 1995

Traffic Crashes	***Alcohol-Related Traffic Fatalities***	***Alcohol-Related Fatal Crashes***
10% above TN	4.2% above TN	5% above TN

DUI Convictions (All Agencies)

1992	***1993***	***1994***	***1995***
23% below TN	16% below TN	8% below TN	3% above TN

Criminal Court Data

Filings	***1995-1996***	***1996-1997***
Assault	8% above TN	9% above TN
Burglary/Theft	10% below TN	.3% below TN
Drugs	72% above TN	30% above TN
DUI/Other Motor Vehicle Offenses	123% above TN	84% above TN
Homicide	55% below TN	3% above TN
Other Offenses Against Property	279% above TN	341% above TN
Robbery	11% above TN	5% below TN
Sexual Offense	143% above TN	67% below TN

Additional Data Sources (Continued)

Juvenile Court Cases

Indicator	*1995*	*1996*
Criminal Homicide/Voluntary Manslaughter	11% above TN	63% below TN
Assault/Aggravated Assault	39% below TN	16% below TN
Robbery/Aggravated Robbery	38% below TN	50% below TN
Rape/Aggravated Rape	81% below TN	19% below TN
Burglary/Aggravated Burglary	9% above TN	12% below TN
Theft of Property	10% below TN	4% above TN
Possession/Sale of Controlled Substances	39% below TN	53% below TN
Other Drug Offenses	74% below TN	87% above TN
Driving Under the Influence	29% below TN	7% below TN
Possession of Alcohol	60% above TN	3% above TN
Possession of a Weapon	47% below TN	8% below TN
Juveniles Transferred To Adult Court	Not Available	*150% above TN

*3rd largest number of transfers to Adult Court (Shelby/201, Davidson/37, Montgomery/23)

Indicator	*1994*	*1996*
Indicated Child Abuse/Neglect Rate	82% above TN	159% above TN
Percent of Children Referred to Juvenile Court	50% above TN	2% above TN
Rate of Children Remaining in State Custody	36% above TN	13% above TN
Juveniles Sent To Detention ('95 vs. '96)	90% below TN	98% below TN

Violent Death Data

Indicator	*1993-1995*	*1994-1996*
Age-Adjusted Homicide Rate	23% below TN	7% below TN
Age-Adjusted Suicide Rate	26% below TN	31% below TN
Age-Adjusted Motor Vehicle Accidental Deaths	41% below TN	24% below TN

Children Placed In State Custody In 30-Day Alcohol & Drug Program, Mid-Cumberland Region (County Data Unavailable)

1995	*1996*	*1997*
18% above TN	11% below TN	1% below TN

Children In State Custody Receiving Alcohol & Drug Treatment, 1992-1997 Mid-Cumberland Region (County Data Unavailable)

30-Day Program	*Residential Level II*	*Total*
38% above TN	55% below TN	2% below TN

Additional Data Sources (Continued)

Governor's Prevention Initiative Indicators

Indicator	*1993-1995*	*1994-1996*
Adolescent (10-17) Pregnancies	.4% below TN	6% below TN
Adolescent (15-19) Violent Deaths	23% below TN	19% below TN
Children Referred To Juvenile Court (95/96)	2% above TN	4% above TN
Rate of Children Entering State Custody (95/96)	13% above TN	2% above TN
Rate of High School (9^{th}-12^{th}) Dropouts	35% below TN	34% below TN

Pregnancy & Birth Data

Indicator	*1993-1995*	*1994-1996*
Percent of Births to Adolescent (10-17) Mothers	35% below TN	40% below TN
Infant Death Rate	13% below TN	7% below TN
Percent of Low Weight Births	17% below TN	11% below TN
Percent of Births With Late Prenatal Care	35% above TN	40% above TN

Mortality Data

Indicator	*1993-1995*	*1994-1996*
Coronary Heart Disease Deaths	16% below TN	23% below TN
Stroke Deaths	2% above TN	5% above TN
Lung Cancer Deaths	3% above TN	3% above TN
Breast Cancer Deaths	3% below TN	Unavailable
All Cancer Deaths [1994 vs 1995]	33% below TN	26% below TN

Indicator	*1983-1985*	*1992-1994*	*% Change*
Diabetes Deaths (45-64 years old)	.7% above TN	21% above TN	47%above TN
Diabetes Deaths (65 years +)	.6% below TN	22% below TN	32% below TN
Nephritis/Nephrotic Synd. Deaths	15% below TN	9% above TN	27% above TN

Morbidity Data

Cancer Incidence Indicator	*1990-1992*	*1993*
All Sites	21% below TN	22% below TN
Lung	30% below TN	29% below TN
Prostate	19% below TN	41% below TN
Female Breast	12% below TN	19% below TN
Colon	8% below TN	5% above TN
Bladder	34% below TN	10% below TN

Additional Data Sources (Continued)

Behavioral Risk Factor Survey Data

Indicator	*1995 (State)*	*1996 (County)*	*% Difference*
Smokers	26.5%	27%	+ .5%
Pap Smear in last 2 years	84.1%	85%	+ .9%
Mammogram in last 2 years	58.7%	70%	+ 11.3%
No Mammogram ever (age 40+)	25.6%	16.6%	- 9%
Fair to Poor Health Status	17.7%	21%	+ 3.3%
No Health Care Plan	11.3%	13%	+ 1.7%
Unable to see MD due to Cost	12.3%	13%	+ .7%
Overweight	35.4%	Not Available	---
Hypertension	26.7%	17%	- 9.3%
Diabetes	5.2%	6%	+ .8%

*Behavioral Risk Factor Survey (Random Telephone Survey)

Senior Adult Data

Demographic Indicators	State	County	% Difference
Population age 65 and older ('97)	13%	9%	- 4%
Percent of households with the householder 65 and older (1990)	21.8%	14.6%	- 7.2%
Percent of persons age 65 and older with income in 1989 below poverty level	20.9%	17%	- 3.9%

Health Access Shortage Area Ranking (95 Counties)

Primary Care	Obstetric Care	TennCare	Pediatric Care	TennCare Dental	TennCare Dental Ratio
47	19	86	54	60	3,972

Disability Status: 1990

Area	Civilian noninstitutionalized persons 16 to 64 years						Civilian noninstitutionalized persons 65 years and over			
		Percent with a Work Disability		Percent with a Mobility or Self-Care Limitation				Percent With a Mobility or Self-Care Limitation		
	Total	Total	Prevented from working	Total	Mobility limitation	Self-care limitation	Total	Total	Mobility limitation	Self-care limitation
Montgomery	55,546	9	4.6	10.6	8.9	2.8	7,556	44.4	40.2	13.2
Region Avg.	32,462	9.7	5.5	11.1	9.5	3.1	3,862	43.5	40.4	12.9
Tennessee	3,123,140	9.7	5.8	11.5	9.6	3.5	586,087	43.4	39.9	13.8

HIT Internet Project
(server.to/hit)

Health Information Tennessee (H.I.T.)

When the Tennessee Department of Health began its innovative Community Diagnosis Project in 1995, one of the first issues was the need for ready access to summary statistics and data tables at the local level. The goal was to support and enable 14 regional health councils representing all 95 counties to assess and prioritize community needs and plan for effective prevention and/or intervention. In conjunction with the data management and analysis activities for the Health Status Report, the Internet was the chosen medium for data and report dissemination.

The creation of HIT commenced in January 1997. HIT not only provides the usual assortment of previously calculated health and population statistics, but also utilizes a lesser-used Internet feature, Common gateway Interface (CGI). This innovative feature allows the user the opportunity to query various Tennessee health databases in such a way that personalized charts and tables can be produced upon demand. The requested information is calculated at the moment the query is submitted by a self-modifying SAS program residing on a server computer at The University of Tennessee, Knoxville. In this way, information can be presented in an infinitely flexible manner, statewide and substate comparisons can be made locally, and access can be widespread and multifocal.

Anyone with Internet capabilities can access the HIT site at server.to/hit.

If you have questions about the HIT Internet Project, you may want to contact the group responsible for the development of the HIT site. Your may use the address provided below.

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